

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue

☐Check if different
than previously
reported. (ACC)

Chicago

IL

60611

4011

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00488742

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William J Armstrong, III

Signature of Treasurer

Electronically Filed by William J Armstrong, III

Date

11

23

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 11

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M M
1 0D D
1 4Y Y Y Y
2 0 1 0

To:

M M
1 1D D
2 2Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		0.00
(b) Cash on Hand at Beginning of Reporting Period	407965.00	
(c) Total Receipts (from Line 19)	101251.82	1105481.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	509216.82	1105481.74
7. Total Disbursements (from Line 31)	506482.82	1102747.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2734.00	2734.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 11

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	101251.82	1105481.74
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101251.82	1105481.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101251.82	1105481.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	101251.82	1105481.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	101251.82	1105481.74

DETAILED SUMMARY PAGE

of Disbursements

5 / 11

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1251.82	5481.74	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1251.82	5481.74	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	505231.00	1097266.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	506482.82	1102747.74	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	506482.82	1102747.74	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	101251.82	1105481.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101251.82	1105481.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1251.82	5481.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1251.82	5481.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

A.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City

Chicago

State

IL

Zip Code

60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporation

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1104229.92

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: A63FA3E5BDAD640FD94F

Amount of Each Receipt this Period

100000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City

Chicago

State

IL

Zip Code

60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporation

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105481.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: AB3D695F4CBCD4D0781F

Amount of Each Receipt this Period

1251.82

In-kind: administrative
& compliance support

SUBTOTAL of Receipts This Page (optional)

101251.82

TOTAL This Period (last page this line number only)

101251.82

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

A.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

Purpose of Disbursement

In-kind: administrative & compliance support

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BA46BBF477F364A20B10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1251.82

SUBTOTAL of Disbursements This Page (optional)

1251.82

TOTAL This Period (last page this line number only)

1251.82

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 / 11

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee National Association of REALTORS		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 21 / 2010</div> </div>	
Mailing Address 430 N Michigan Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60611-4087</div> </div>		Transaction ID: ECA5A0659A56A4459A99 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Purpose of Expenditure Consulting Services		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Patrick J. Tiberi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
113631.00			
Full Name (Last, First, Middle, Initial) of Payee National Association of REALTORS		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 19 / 2010</div> </div>	
Mailing Address 430 N Michigan Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60611-4087</div> </div>		Transaction ID: E6C135B764D674B54A2C Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Purpose of Expenditure Consulting Services		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
296400.00			
(a) SUBTOTAL of Itemized Independent Expenditures		500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
William Armstrong _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>11 / 23 / 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 / 11

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Terris Barnes & Walters		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 400 Montgomery Street Ste 900		Amount 136000.00	
City State Zip Code San Francisco CA 94104		Transaction ID: E10AD6C1CE8D743A3AEF	
Purpose of Expenditure Direct Mail Costs		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Ed Perlmutter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee National Association of REALTORS		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 430 N Michigan Avenue		Amount 400.00	
City State Zip Code Chicago IL 60611-4087		Transaction ID: E876496C6C1FC425694F	
Purpose of Expenditure Consulting Services		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Joe Donnelly		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		136400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
William Armstrong Signature		Date MM / DD / YYYY 11 / 23 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 11

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER C C00488742	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee King Strategic Communications Inc		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
Mailing Address 4605 Morse Road, Ste 101		Amount 113331.00	
City State Zip Code Gahanna OH 43230		Transaction ID: EC4C95C72A84547138B1	
Purpose of Expenditure Direct Mail Costs		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Patrick J. Tiberi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Terris Barnes & Walters		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 400 Montgomery Street Ste 900		Amount 255000.00	
City State Zip Code San Francisco CA 94104		Transaction ID: ECECAEC7721EA47818CC	
Purpose of Expenditure Direct Mail Costs		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Joe Donnelly		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		368331.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		505231.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
William Armstrong Signature		Date M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0	